



IAP04Rec'd PCT 29 AUG 2008

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : Confirmation No. 6327
Martin FUSSENEGGER et al. : Attorney Docket No. 2006_0153A
Serial No. 10/570,043 : Group Art Unit 1633
Filed March 1, 2006 : Examiner Maria Gomez Leavitt
REGULATABLE GENE EXPRESSION IN
MAMMALIAN CELLS AND MAMMALS : Mail Stop AMENDMENT

PATENT OFFICE FEE TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

THE COMMISSIONER IS AUTHORIZED
TO CHARGE ANY DEFICIENCY IN THE
FEES FOR THIS PAPER TO DEPOSIT
ACCOUNT NO. 23-0975

Sir:

Attached hereto is a check in the amount of \$270.00 to cover Patent Office fees relating to filing the following attached papers:

Petition for Extension of Time \$60.00

Additional Claims Fee Transmittal Letter

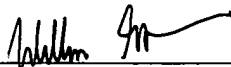
Excess of Twenty \$25.00

Multiple Dependent Fee \$185.00

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted,

Martin FUSSENEGGER et al.

By 

William R. Schmidt, II
Registration No. 58,327
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August 29, 2008

[Check No. 8766]
2006_0153A

09/02/2008 LLANDGRA 00000062 10570043

01 FC:2616
02 FC:2615

185.00 OP
25.00 OP



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FEES FOR THIS PAPER TO DEPOSIT
ACCOUNT NO. 23-0975

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENTITY		LARGE ENTITY
Total Claims exceeding 27 (not already paid for): 1 x	(\$ 25 = \$25.00)	or	(\$50 = \$)
Indep. Claims exceeding 3 (not already paid for): x	(\$105 = \$)	or	(\$210 = \$)
[X] Multiple Dep. Claim(s) (if there previously were none): +	(\$185 = \$185.00)	or	(\$370 = \$)
Total Additional Fee =	<u>\$210.00</u>	or	<u>\$</u>

☒ Small entity status of this application has been previously asserted.

☐ Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which
☐ is enclosed or
☐ has been previously submitted.

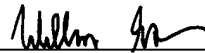
[X] A check in the amount of \$270.00 is enclosed.

[] Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted,

Martin FUSSENEGGER et al.

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